

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

1/6

DOCUMENT # L03000038801

1. Limited Liability Company's Name

D & R HARVESTING, LLC

2. Principal Office Address

853 PORTER STREET

Suite, Apt. #, etc.

3. Mailing Office Address

853 PORTER STREET

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

33936

Country

USA

Zip

33936

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-10-2003

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DEBRA S. LEVINE

Street Address (P.O. Box Number is Not Acceptable)

853 PORTER STREET

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33936

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 12/7-04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DEBRA S. LEVINE	853 PORTER STREET	LEHIGH ACRES, FL 33936
MGRM	RICHARD D. LEVINE JR.	863 PORTER STREET	LEHIGH ACRES, FL 33936

REINSTATEMENT

2004-
2005

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01/07/05-01048-003 **200.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

12/7/04

Daytime Phone #

239-229-7785

Typed or printed name of signing Managing Member/Manager